

The primary mission, established in Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health is to ensure that:

- the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained
- the services provided to children in the Commonwealth are cost-effective and evidence-based
- the Commonwealth continues to develop and evaluate new models of service delivery

The Center's design and agenda have been guided by conversations with state agency leaders, researchers, service providers, consumer advocates, and stakeholders throughout Massachusetts. Leaders of similar centers in other states provided invaluable advice.

BENEFITS

- Promotes and supports the use of research evidence in policy, program, and practice decisions
- Builds on, but does not duplicate, the rich array of research organizations throughout Massachusetts
- Integrates research evidence with knowledge gained from continuous quality improvement activities, administrative data, qualitative case review data, and professional, clinical, and lived experience

Prevention & Early Intervention

The Center will focus on Prevention and Early Intervention across the developmental life stages of children and adolescents, across all levels of behavioral health need. Research demonstrates the importance of prevention.

- The first signs of mental illness often occur in childhood. Half of all lifetime mental illness begins by age 14 and three quarters begins by the time an individual is 24
- Approximately 20% of children and adolescents experience signs and symptoms of a diagnosable mental health disorder during the course of a year. For children between the ages of 9 and 17, 11% experience "significant impairment" and 5% experience "extreme functional impairment"
- Adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence some time in their lives compared with those who have their first drink at age 20 or older.



System-wide Activities

The Center will gather and share work throughout the children's behavioral health system to:

- Highlight local and state partners using evidence-based programs or practices and/or building an evidence base for new, innovative models
- Engage system stakeholders in knowledge-building conversations
- Leverage project investments to contribute to the learning of all stakeholders

The Center's website will:

- Document the Center's body of work in a manner that is continuously accessible
- Disseminate work that exemplifies research use by projects other than those funded by the Center

The Center will host webinars on topics related to the Center's projects, projects throughout the system, and important issues about which research could provide insight.

Developing and Funding Projects

The Center will fund a limited number of projects for which it is uniquely suited. It will not duplicate or replace existing capacity. Projects that focus on cross-agency integration, cross-disciplinary learning, purchasing across payers, and/or cross-cutting concerns will be prioritized. Initial projects will be "proof of concept" for the Center itself.

An Intermediary and Convener

The Center is uniquely positioned to connect and leverage the considerable resources that comprise the Massachusetts children's behavioral health system. Its activities will connect:

- Community-based and hospital-based service providers, public and private payers, consumers, families and advocates, research centers, and state agencies
- Research, policy, and practice
- Massachusetts and national leaders in innovation and best practice

Visit the CBH Knowledge Center Online at: www.mass.gov/dmh/cbhknowledgecenter

Children's Behavioral Health Advisory Council

Also established by Chapter 321, the Council is a public-private partnership representing child-serving agencies, parents, and professionals with knowledge and expertise in the field of children's behavioral health. The Center supports Council members in identifying relevant topics and expert speakers to inform its work in advising the continued evolution of the children's behavioral health system. The Council supports the Center by serving as a "sounding board" for exploring vexing systems challenges and potential solutions that could inform Center activities.

"One of our priorities is to increase developmentally appropriate mental health prevention and early intervention strategies for children and adolescents. We know that 50% of chronic adult mental health conditions present themselves prior to age 14 and 75% prior to age 24. The Children's Behavioral Health Knowledge Center will be critical to our goal of interrupting the trajectory of mental illness early on."

-Marcia Fowler, DMH Commissioner

The Evolution of Children's Behavioral Health System Reform

The vision for the CBH Knowledge Center has evolved in parallel to the evolving reform in children's behavioral health. The Rosie D. lawsuit and remedy plan generated a wave of reform in the Medicaid system. Not content to limit system reform efforts, the Executive Office of Health and Human Services, the Legislature, and Children's Mental Health Campaign used Rosie D. as a beginning catalyst for reforms that are broader than the remedy agreement and extend beyond Medicaid. The healthcare system is now poised for the next wave of reform including the integration of behavioral health and primary care.

2007: Rosie D. Remedy Plan expands services provided under Medicaid EPSDT

Remedy components include: outreach to stakeholders, behavioral health screens by primary care providers, the Child & Adolescent Needs and Strengths Assessment (CANS), Intensive Care Coordination using Wraparound and including Family Partners, In-home Behavioral Services, In-home Therapy, and Mentor Services.

2008: Children's Behavioral Health Initiative (CBHI)

Created to implement the Rosie D. remedy, CBHI includes a larger interagency effort to develop an integrated system of state-funded behavioral health services for children, youth and their families. The CBHI vision is to place the family and child at the center of the service delivery system and build an integrated system of behavioral health services that meets the individual needs of the child and family.

2008: Chapter 321 of the Acts of 2008: An Act Relative to Children's Mental Health

Section 23: There shall be, within the department of mental health, a children's behavioral health research center, the primary mission of which shall be to ensure that the workforce of clinicians and direct care staff providing children's behavioral health services are highly skilled and well trained, the services provided to children in the commonwealth are cost-effective and evidence-based, and that the commonwealth continues to develop and evaluate new models of service delivery.

2012: Chapter 224 of the Acts of 2012: An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation

Section 275: There shall be a special task force to examine behavioral, substance use disorder, and mental health treatment, service delivery, integration of behavioral health with primary care, and behavioral, substance use disorder and mental health reimbursement systems.

CONTACT

Children's Behavioral Health Knowledge Center
Department of Mental Health
25 Staniford Street
Boston, MA 02114
cbhknowledgecenter@massmail.state.ma.us
www.mass.gov/dmh/cbhknowledgecenter



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Commonwealth of Massachusetts
Department of Mental Health

